

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/03/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155516	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/31/2014
NAME OF PROVIDER OR SUPPLIER PARKVIEW MEMORIAL HOSPITAL-CCC			STREET ADDRESS, CITY, STATE, ZIP CODE 2200 RANDALLIA DR FORT WAYNE, IN 46805		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for a Recertification and State Licensure Survey.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00146618.</p> <p>Complaint IN00142592 substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 24, 25, 26, 27, 28, & 31, 2014</p> <p>Facility number: 001203 Provider number: 155516 AIM number: N/A</p> <p>Survey team: Julie Call RN TC Sue Brooker RD Martha Saul RN (March 24, 25 & 31 2014) Virginia Terveer RN (March 31, 2014)</p> <p>Census bed type: SNF: 39 Total: 39</p> <p>Census payor type: Medicare: 8 Other: 31 Total: 39</p> <p>Parkview Memorial Hospital was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Recertification and State Licensure Survey.</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 Quality review completed on April 2, 2014 by Randy Fry RN.	F 000			